MEDICAL RECORD	**Tumor Measurements and Response**

Protocol Number:	**Date of Scan:** ____/____/_____ **Course:** _____
	Select One: **Baseline ( )** **Re-staging ( )**
	Evaluable: E = Evaluable N = Not Evaluable M = Measurable
Modality: CT, MRI, Direct Measurement, etc.	**Evaluation Code:** D = Decreasing I = Increasing R = Resolved S = Stable

Overall Response: CR = Complete Response   CRU = Clinical Repertory Unconfirmed   PD = Progressive Disease   PR = Partial Response   SD = Stable Disease

LESIONS

Lesion #	Site/Description	Modality / Image #	Measurements (cm) (L x W x H)	Product	Evaluable / Evaluation Code
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S
			X X		E N M D I R S

Comments:		
	Cumulative Product	
	Cumulative Baseline Product	
	Percentage Change	
	Overall Response	

Date Measured: ____/____/____	*Measured By:*
Recorded By:	*Verified By:*